

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10-018,626
FILING DATE

APPLICANT

	CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5		3				
6		3				
7		3				
8		1				
9		3				
10		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1		1		1	
TOTAL DEP.	30		30		30	
TOTAL CLAIMS	31		31		31	